

Iowa Influenza Surveillance Network (IISN)

Influenza-like Illness (ILI) and Other Respiratory Viruses

Weekly Activity Report

For the week ending April 29th, 2017 - Week 17

All data presented in this report are provisional and may change as additional reports are received



Quick Stats	
Percent of outpatient visits for ILI ¹	0.10% (baseline 1.8%)
Percent of influenza rapid test positive	9.18% (47/512)
Percent of RSV rapid tests positive	8.05% (7/87)
Percent school absence due to illness ²	1.94%
Number of schools with ≥10% absence due to illness	0
Influenza-associated hospitalizations ³	3/4203 inpatients surveyed
Influenza-associated mortality -all ages (Cumulative) ⁴	129
Influenza-associated pediatric mortality (Cumulative)	0
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ILI: Influenza-like Illness is defined as a fever of ≥100° F as well as cough and/or sore throat

Deaths in which influenza is listed on the death certificate. This is an underestimate of influenza-related deaths Cumulative is 10/2/2016-current week

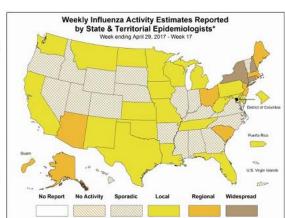
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Iowa	statewide	activity	summary:

Iowa Influenza Geographic Spread⁵ No Activity Sporadic Local Regional Widespread ⁵This is based on CDC's activity estimates definition

Influenza activity is continuing to decrease, but cases of influenza are still being identified in the state. During this reporting week, influenza activity was identified in some but not all of the regions in the state. For this reporting week, the State Hygienic Laboratory confirmed one influenza B (Yamagata Lineage) virus from submitted samples. Three influenza-related hospitalizations were reported from sentinel hospitals during this reporting week. The proportion of outpatient visits due to influenza-like illness (ILI) was 0.10 percent, which is below the regional baseline of 1.8. In this reporting week, eight adenovirus, one parainfluenza virus type 2, 11 parainfluenza virus type 3, one parainfluenza virus type 4, 72 rhinovirus/ enterovirus, eight RSV, 15 hMPV and one coronavirus were detected from surveillance sites.

National activity summary - (CDC)-Last Updated in Week 17:





Synopsis: During week 17 (April 23-April 29, 2017), influenza activity decreased in the United States.

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories during week 17 was influenza B. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.

Novel Influenza A Virus: One human infection with a novel influenza A virus was reported.

Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was below the systemspecific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

Influenza-associated Pediatric Deaths: Ten influenza-associated pediatric deaths were reported.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 1.4 percent, which is below the national baseline of 2.2 percent. All 10 regions reported ILI below their region-specific levels. Four states experienced low ILI activity; New York City, Puerto Rico and 46 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in three states was reported as widespread; Guam and eight states reported regional activity; the District of Columbia, Puerto Rico and 20 states reported local activity; 19 states reported sporadic activity; and the U.S. Virgin Islands reported no activity.

Detailed information can be found online at www.cdc.gov/flu/weekly/.

Percent school absence due to illness are reported through a weekly survey of lowa sentinel schools

Bencent school absence due to illness are reported through a weekly survey of lowa sentinel hospitals

Bencent school absence due to influenza are voluntarily reported through a weekly survey of lowa sentinel hospitals

International activity summary - (WHO):

Influenza activity in the temperate zone of the northern hemisphere continued to decrease. Influenza activity remained low in the temperate zone of the southern hemisphere. Worldwide, influenza A(H3N2) and B viruses were predominant, with an increased proportion of influenza B viruses detected in recent weeks. Detailed information can be found online at

www.who.int/influenza/surveillance monitoring/updates/latest update GIP surveillance/en/. It was last updated 5/1/2017.

Laboratory surveillance program:

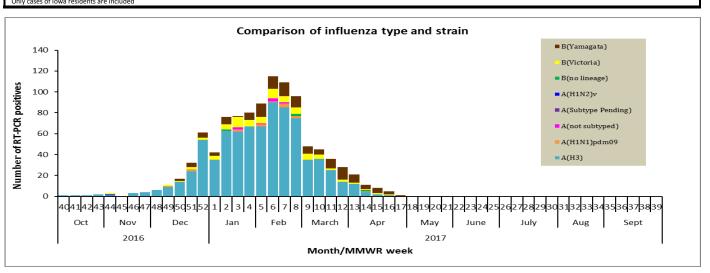
The State Hygienic Laboratory (SHL) is the primary lab for influenza testing and reporting in Iowa. SHL reports the number of tests performed and the type and sub-type of positive tests to the influenza surveillance network several times every week. In addition, SHL surveys clinical and reference labs on a weekly basis for the number of rapid-antigen tests performed, the number positive and the positive non-influenza virus tests. This report also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City.

Table 1: Ir	ble 1: Influenza A viruses detected by SHL by age group									
	CURRENT WEEK					CUMULATIVE (10/2/16 – CURRENT WEEK)				
	Flu A					Flu A				
Age Group	A(H1N1)pdm09	A(H3)	A(H1N2v)	Subtype Pending	Not subtyped	A(H1N1)pdm09	A(H3)	A(H1N2v)	Subtype Pending	Not subtyped
0-4	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	4(27%)	32(4%)	0(0%)	0(0%)	0(0%)
5-17	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	2(13%)	49(6%)	0(0%)	0(0%)	0(0%)
18-24	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	116(15%)	0(0%)	0(0%)	1(14%)
25-49	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	4(27%)	65(8%)	0(0%)	0(0%)	2(29%)
50-64	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	2(13%)	91(11%)	1(100%)	0(0%)	1(14%)
>64	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	3(20%)	440(55%)	0(0%)	0(0%)	3(43%)
Total	0	0	0	0	0	15	793	1	0	7

*Counts of three or less are sometimes suppressed to protect confidentiality. Note that counts may not add up to the total due to missing age information Only cases of lowa residents are included

Only cases of lowa residents are included "Not subtyped" column is due to weak detections. This can be due to poor collection, timing of collection or stage of infection

		CURRENT WEEK		CUMUL	ATIVE (10/2/16 – CURREI	NT WEEK)
Age		Flu B			Flu B	
Group	Victoria Lineage	Yamagata Lineage	Lineage Pending	Victoria Lineage	Yamagata Lineage	Lineage Pending
0-4	0(0%)	0(0%)	0(0%)	7(9%)	7(5%)	2(50%)
5-17	0(0%)	0(0%)	0(0%)	31(40%)	28(21%)	1(25%)
18-24	0(0%)	1(100%)	0(0%)	14(18%)	14(11%)	1(25%)
25-49	0(0%)	0(0%)	0(0%)	12(16%)	16(12%)	0(0%)
50-64	0(0%)	0(0%)	0(0%)	4(5%)	25(19%)	0(0%)
>64	0(0%)	0(0%)	0(0%)	9(12%)	42(32%)	0(0%)
Total	0	1	0	77	132	4

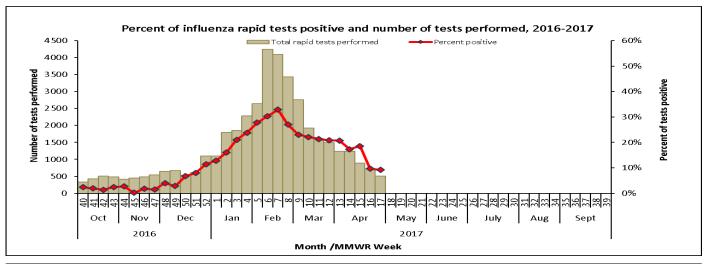


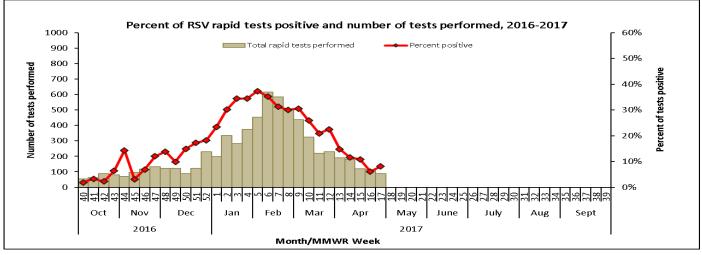
Rapid influenza and RSV test surveillance:

The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of influenza and respiratory syncytial virus (RSV) rapid tests performed and the number of tests positive. This table includes only the number of patients tested for influenza or RSV at laboratory surveillance sites throughout the state. This table does not provide case counts.

REGION*	RAPID ANTIGEN INFLUENZA TESTS				RAPID ANTIGEN RSV TESTS		
REGION	Tested	Flu A	Flu B	% Positive	Tested	Positive	% Positive
Region 1 (Central)	104	1	7	8	12	1	8
Region 2 (NE)	32	0	3	9	12	1	8
Region 3 (NW)	105	3	8	10	15	1	7
Region 4 (SW)	25	0	1	4	4	1	25
Region 5 (SE)	0	0	0	0	0	0	0
Region 6 (Eastern)	246	3	21	10	44	3	7
Total	512	7	40	9	87	7	8

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright, Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Audubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Burren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.

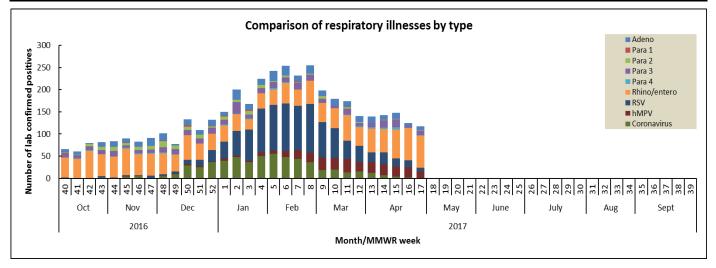




Non-influenza respiratory viruses:

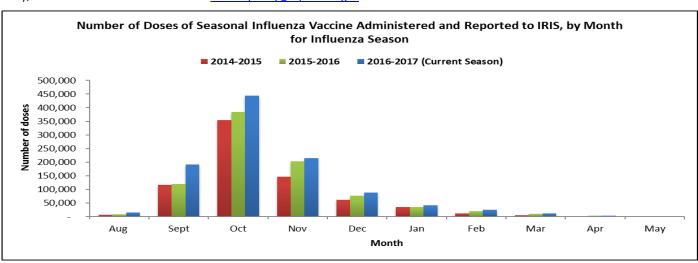
The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of positive tests for non-influenza respiratory viruses. This table also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City. The table includes only the number of positive tests at laboratory surveillance sites throughout the state. The table does not provide case counts.

Table 4: Number of positive results for non-influenza respiratory virus collected by SHL, Mercy Dunes in Sioux City and Iowa Methodist Medical Center						
Viruses	CURRENT WEEK	CUMULATIVE (10/2/16 – CURRENT WEEK)				
Adenovirus	8	382				
Parainfluenza Virus Type 1	0	15				
Parainfluenza Virus Type 2	1	136				
Parainfluenza Virus Type 3	11	336				
Parainfluenza Virus Type 4	1	40				
Rhinovirus/Enterovirus	72	1416				
Respiratory syncytial virus (RSV)	8	1075				
Human metapneumovirus (hMPV)	15	310				
Coronavirus	1	568				
Total	117	4278				



Seasonal influenza vaccination:

Seasonal influenza vaccination data in Iowa is based on doses reported to the Iowa Immunization Registry Information System (IRIS). IRIS is a confidential, computerized, population-based system that tracks immunization for children, adolescents and adults who are seen in a variety of public and private healthcare provider sites throughout the state of Iowa. For more information on the immunization data, contact Kim Tichy, IRIS coordinator at 515-281-4288 or kimberly.tichy@idph.iowa.gov.

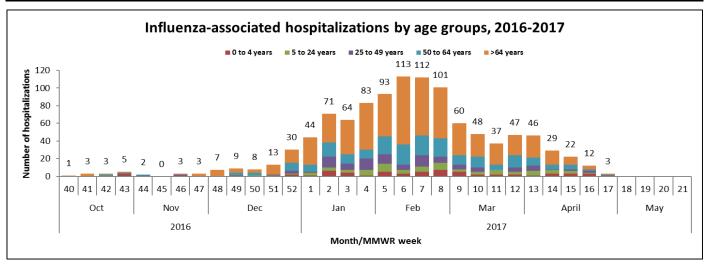


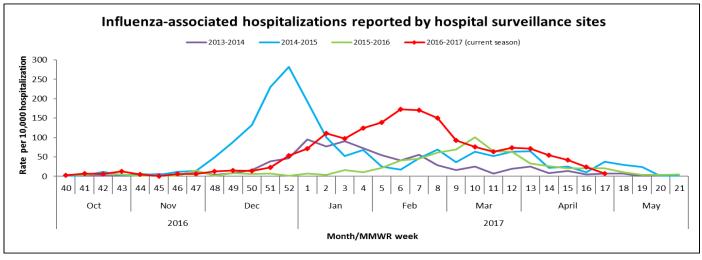
Note: The data for the 2016-2017 season is only up to the current week and there is a lag between the vaccine administration date and the date reported to the IRIS. The current season's data will be adjusted as additional data is received.

Influenza-associated hospitalizations:

Sentinel hospitals that participate in IISN voluntarily track and report the number of influenza-associated hospitalizations and the total number of inpatients each week. Of the 126 hospitals across the state of lowa, 27 sentinel hospitals participate in weekly surveillance of influenza-associated hospitalizations for the IISN. Iowa hospitals interested in joining this surveillance program should contact Scott Seltrecht at 515-281-4985 or Scott.Seltrecht@idph.iowa.gov for more information.

Table 5: Number of influenza-associated hospitalization reported by age group						
AGE	CURRENT WEEK CUMULATIVE (10/2/16 – CURRENT WI					
Age 0-4	1	60				
Age 5-24	0	73				
Age 25-49	0	103				
Age 50-64	1	215				
Age >64	1	621				
Total	3	1072				

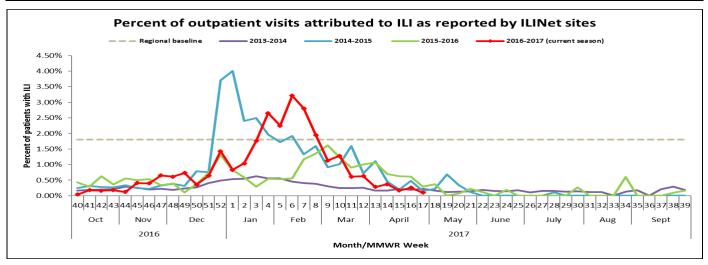




Outpatient health care provider surveillance program (ILINet):

Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. This system is a key part of lowa's influenza surveillance. Across the state, 17 providers, ranging from family medicine to student health centers, participate weekly in the ILINet program. Iowa health care providers interested in joining this surveillance program should contact Scott Seltrecht at 515-281-4985 or Scott.Seltrecht@idph.iowa.gov for more information.

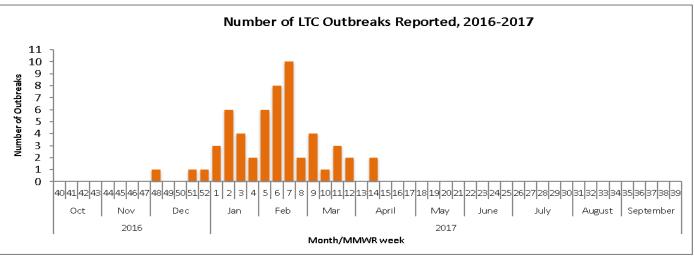
Table 6: Outpatient visits for influenza-like illness (ILI)							
Week	%ILI	Total ILI	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age >64
Week 14, ending April 8	0.37	14	5	4	3	1	1
Week 15, ending April 15	0.17	5	0	0	2	1	2
Week 16, ending April 22	0.26	7	1	5	1	0	0
Week 17, ending April 29	0.10	3	0	2	1	0	0



Long-term Care Outbreaks:

Table 7: Number of long-term care outbreaks investigated						
REGION*	CURRENT WEEK	CUMULATIVE (10/2/16 – CURRENT WEEK)				
Region 1 (Central)	0	19				
Region 2 (NE)	0	4				
Region 3 (NW)	0	7				
Region 4 (SW)	0	9				
Region 5 (SE)	0	8				
Region 6 (Eastern)	0	9				
Total	0	56				

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright; Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Addubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.

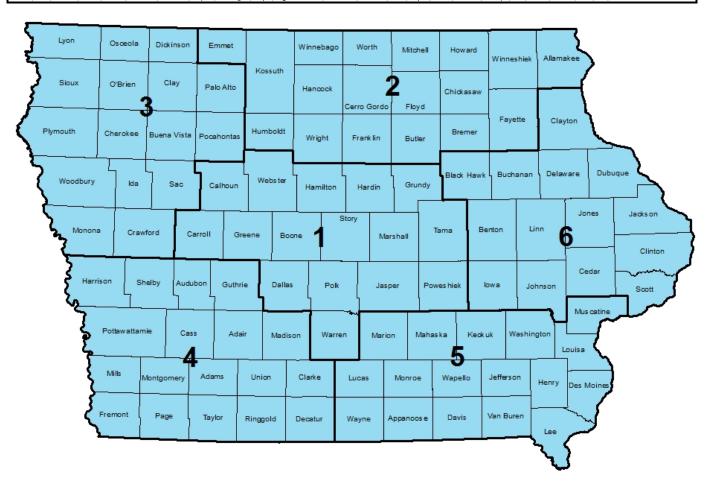


10 percent school absenteeism:

Schools (K-12) track and report outbreaks of illness when the number of students absent with illness reaches or exceeds 10 percent of total student enrollment. Regional map with schools that have ≥10% absence due to illness for this current reporting week is displayed below (region numbers in black, number of reporting schools by county in red).

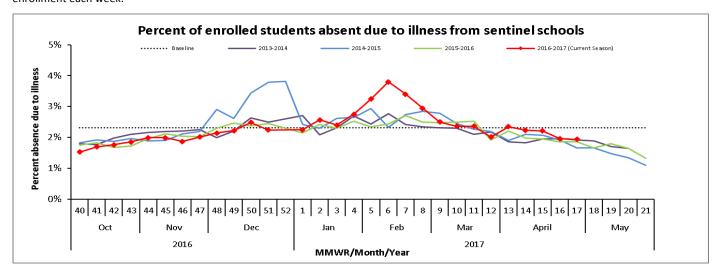
Table 8: Number of schools reporting >10% absenteeism due to any illness						
REGION*	CURRENT WEEK	CUMULATIVE (10/2/16 – CURRENT WEEK)				
Region 1 (Central)	0	30				
Region 2 (NE)	0	14				
Region 3 (NW)	0	23				
Region 4 (SW)	0	18				
Region 5 (SE)	0	55				
Region 6 (Eastern)	0	48				
Total	0	188				

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright, Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, O'Sceola, Palo Alto, Plymouth, Pocahontas, Sac, Sloux, Woodbury; Region 4- Adair, Adams, Audubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.



School surveillance program:

Sentinel schools that participate in IISN voluntarily track and report absence due to all illness (including non-influenza illnesses) and the total enrollment each week.



Other resources:

Vaccine:

Influenza vaccine recommendation: idph.iowa.gov/immtb/immunization/vaccine

CDC vaccine information: www.cdc.gov/flu/faq/flu-vaccine-types.htm

Vaccine finder: http://vaccinefinder.org/

Neighboring states' influenza information:

Illinois: www.dph.illinois.gov/topics-services/diseases-and-conditions/influenza/surveillance

Minnesota: www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html

Missouri: health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php

South Dakota: doh.sd.gov/diseases/infectious/flu/
Wisconsin: www.dhs.wisconsin.gov/influenza/index.htm